



APPLICATION FOR NON-IMMIGRANT VISA

FA FORM NO. 2 (14 OCTOBER 2004 USA)

PLEASE TYPE OR PRINT ANSWERS LEGIBLY IN THE SPACES PROVIDED, IF NOT APPLICABLE WRITE N/A.		
1. NAME AS WRITTEN ON PASSPORT		APPLICANT'S PHOTOGRAPH 2 in. x 2 in. 1. Picture taken within the past 6 months 2. Front View 3. Without eyeglasses 4. Name and Signature on front bottom of photograph Staple or paste photo here
2. LAST NAME (surname or family name)		
3. FIRST NAME (all given names)		
4. MIDDLE NAME		
5. CITIZENSHIP	6. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
8. PLACE OF BIRTH (city, state or province, country)		9. CIVIL STATUS <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED
10. OCCUPATION		
11. IF MARRIED, NAME AND ADDRESS OF SPOUSE, OR IF WIDOWED, NAME OF DECEASED SPOUSE		
12a. TRAVEL DOCUMENT TYPE <input type="checkbox"/> PASSPORT <input type="checkbox"/> TRAVEL DOCUMENT	12b. PASSPORT / TRAVEL DOCUMENT NUMBER	
12c. PLACE OF ISSUE	12d. DATE OF ISSUE (dd/mm/yyyy)	12e. EXPIRY DATE (dd/mm/yyyy)
13. PURPOSE OF TRIP TO THE PHILIPPINES	14. PORT OF ENTRY	15. ENTRIES REQUESTED: <input type="checkbox"/> SINGLE <input type="checkbox"/> MULTIPLE <input type="checkbox"/> MULTIPLE 3/6 MONTHS 1 YEAR
16. INTENDED LENGTH OF STAY	17. EXPECTED DATE OF ARRIVAL	
18. SUPPORTING DOCUMENT(S) SUBMITTED: <input type="checkbox"/> PASSPORT <input type="checkbox"/> TRAVEL DOCUMENT <input type="checkbox"/> BANK STATEMENT <input type="checkbox"/> AIRLINE TICKET <input type="checkbox"/> ITINERARY <input type="checkbox"/> OTHERS: _____		
19. HOME ADDRESS IN U.S. OR COUNTRY OF RESIDENCE (house no., street, city, state, country, postal zone)		
20. MAILING ADDRESS (house no., street, city, state or province, country, postal zone)		
21. HOME TELEPHONE NUMBER	22. E-MAIL ADDRESS	
23. WORK ADDRESS		
24. WORK OR CONTACT TELEPHONE NUMBER	25. FAX NUMBER	
26. ADDRESS IN THE PHILIPPINES (house no., street, town or city, state or province, postal zone)		
27. NAME OF PERSONS TRAVELLING WITH APPLICANT AND INCLUDED IN PASSPORT OR TRAVEL DOCUMENT NAME AGE SEX		
28. REFERENCES AND /OR IMMEDIATE RELATIVES IN THE PHILIPPINES NAME ADDRESS a. _____ b. _____ c. _____		
29. WERE YOU EVER REFUSED ANY KIND OF VISA, OR DENIED ADMISSION INTO OR DEPORTED/REMOVED FROM THE PHILIPPINES AT GOVERNMENT EXPENSE? <input type="checkbox"/> YES (If yes, provide details) * <input type="checkbox"/> NO		
30. HAVE YOU EVER BEEN CHARGED OR CONVICTED OF ANY CRIMINAL OFFENSE IN ANY COUNTRY? <input type="checkbox"/> YES (If yes, provide details) * <input type="checkbox"/> NO		
31. DO YOU HAVE ANY COMMUNICABLE DISEASE OR HISTORY OF MENTAL ILLNESS? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, provide details) *		
32. VISA STATUS IN U.S. OR PLACE OF APPLICATION	33. ALIEN CERTIFICATE OF REGISTRATION NO.	
FOR OFFICIAL USE ONLY		
VISA NO.		
VISA SHEET NO.		
DATE OF ISSUE / REFUSAL		
DATE OF EXPIRY		
VISA CLASSIFICATION Non-Immigrant under Section _____ of the Philippine Immigration Act of 1940 as amended.		
PURPOSE <input type="checkbox"/> BUSINESS <input type="checkbox"/> PLEASURE <input type="checkbox"/> OTHERS: _____		
NUMBER OF ENTRIES <input type="checkbox"/> SINGLE <input type="checkbox"/> MULTIPLE <input type="checkbox"/> MULTIPLE 3/6 MONTHS 1 YEAR		
ANNOTATION <input type="checkbox"/> AUTHORIZED STAY NOT EXCEED 21 DAYS <input type="checkbox"/> AUTHORIZED STAY NOT EXCEED 59 DAYS <input type="checkbox"/> OTHERS: _____		
DATE OF RECEIPT OF APPLICATION		
RECEIVER	CASHIER	LOL
PROCESSOR	SCRIPTER	ENCODER
FEE	O.R. NUMBER	SERVICE NO.
VISA APPROVED / DENIED BY		
DOCUMENT RELEASED TO _____ PRINTED NAME AND SIGNATURE		
DATE RECEIVED		
MAIL/COURIER TRACKING NUMBER		
34. DATE OF APPLICATION		35. SIGNATURE OF APPLICANT

APPLICATION SHALL BE COMPLETELY ACCOMPLISHED, ANSWERS TYPED OR PRINTED LEGIBLY AND ALL REQUIREMENTS SUBMITTED, OTHERWISE APPLICATION SHALL BE RETURNED UNPROCESSED.

* ADDITIONAL SPACE TO ANSWER NO. 29, 30 OR 31

36.

I understand that I may enter the Philippines at the port of entry designated by the Philippine Immigration Authorities under the conditions imposed by those authorities.

I solemnly swear under penalty of law that the foregoing statements are true and correct, and all supporting documents are authentic.

_____ **Date of Application**

_____ **Printed Name and Signature of Applicant**

IMPORTANT: IF APPLICANT IS UNABLE TO APPLY IN PERSON, THIS FORM SHALL BE NOTARIZED.

37.

SUBSCRIBED AND SWORN to before me this _____ day of _____ 200_____
at _____, the affiant exhibiting the following
identification (type) _____ number _____,
issued at _____, on _____.

_____ **NOTARY PUBLIC**

_____ **CONSUL**

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